

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017857

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JUN 5 1962

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kirksville

Length of stay in lb

1 day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Grim Smith Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Knox

c. CITY

OR

TOWN

Hurdland

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Audra Theodore Goodan

4. DATE
OF
DEATH

Month

Day

Year

May 22, 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

1/22/1906

9. AGE (last birthday)

55 56

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Pipe-Line Employee

10b. KIND OF BUSINESS OR INDUSTRY

Scotland Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Goodan

13b. MOTHER'S MAIDEN NAME

Viola Mangle

14. NAME OF HUSBAND OR WIFE

Blanche Goodan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no W. W. II

16. SOCIAL SECURITY NO.

99

17. INFORMANT

Blanche Goodan

Address

Hurdland, Missouri

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

30 minutes

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary heart disease

3 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

None

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-17-58

to 5-22-62

and last saw her alive on 5-22-62

Death occurred at 8:30

P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Kirksville, Missouri

22c. DATE SIGNED

5-28-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

May 24, 1962

23c. NAME OF CEMETERY OR CREMATORY

Gorin Cemetery

23d. LOCATION (City, town, or county)

Gorin, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

GERTH & BASKETT MEMPHIS, MISSOURI

25. DATE RECD. BY LOCAL REG.

May 29, 1962

26. REGISTRAR'S SIGNATURE

Doris W. Raloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

8 & 9 1/21/1906 & 56

1/22/1906 & 55

15 & 17 W.W. II & Blanche

No & Blanche

BY AFFIDAVIT OF Funeral Director

DOCUMENT

MEDICAL CERTIFICATION

Permit issued May 22, 1962

JUN 12 1962

GERTH + BASKETT
J.B. JONES, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5091

P. O. Address Memphis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.